

## RELEASE OF INFORMATION FORM

*I hereby authorize the \_\_\_\_\_ County Department of Child Support Services to release all relevant portions of my records and to discuss problems involved in this case with \_\_\_\_\_ and with any authorized member of their staff until the matter is resolved.*

NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

ADDRESS

DATE OF BIRTH

CITY, STATE AND ZIP CODE

TELEPHONE NUMBER

(    )

DESCRIBE YOUR SITUATION IN DETAIL:

SIGNATURE

DATE